

Case Number:	CM14-0183549		
Date Assigned:	11/10/2014	Date of Injury:	11/06/2013
Decision Date:	01/14/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female who has submitted a claim for lumbosacral sprain / strain with radiculitis associated with an industrial injury date of 11/6/2013. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the right lower extremity with numbness and tingling sensation. The physical examination was not made available for review. The treatment to date has included chiropractic care, activity restrictions and medications. The utilization review from 10/2/2014 denied the request for x-ray of the lumbar spine. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X-Ray Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) Radiography (x-rays) Indications for imaging - Plain X-rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal

pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, the patient complains of low back pain radiating to the right lower extremity with numbness and tingling sensation. Treatment to date has included chiropractic care, activity restrictions and medications. However, physical examination of the lumbar spine is not available for review. There is no documented rationale for the request. The medical necessity cannot be established due to insufficient information. Therefore, the request for x-ray of the lumbar spine is not medically necessary.